



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF ENVIRONMENTAL QUALITY  
**APPLICATION: GRANDPARENTING OF DRINKING WATER SYSTEM OPERATORS**

**PART A: INSTRUCTIONS TO WATER SYSTEM OWNER:**

- NOTE:** There is a February 5, 2003 filing deadline for submitting applications for Grandparenting.
- Please print in ink or type. Only signed, original applications with the appropriate fee included will be accepted.
  - Grandparenting is permitted only to operators in responsible charge of water systems that have not been required by the department to have certified operators prior to August 1, 2001.
  - The water system owner must attest that the operator has been an operator in responsible charge for at least one year prior to the date of application. Grandparenting is permitted to not more than three (3) operators per water system.
  - A separate application must be completed for each individual that is being designated as an operator in responsible charge for the system. The individual designated must be at least 18 years of age.
  - Both Owner and Operator must sign and date this application. Incomplete applications will be returned.
  - A \$45.00 certificate fee is to be submitted by the individual listed in Part “C” below. Payment should be made by check or money order payable to: Department of Natural Resources. No cash will be accepted.
  - Return the completed original application to the following address: Missouri Department of Natural Resources, Receipts and Reporting, PO Box 477, Jefferson City MO 65102-0176.

**PART B: GENERAL - PLEASE PRINT: TO BE COMPLETED BY SYSTEM OWNER ONLY**

8. PUBLIC WATER SUPPLY IDENTIFICATION NUMBER (PWSID NO.): <b>MO-</b> __ __ __ __ __ __ __ __		9. NAME OF WATER SYSTEM	
10. WATER SYSTEM ADDRESS (STREET OR P.O. BOX NO.)			
11. CITY		12. STATE	13. ZIP CODE
			14. WATER SYSTEM PHONE NUMBER (     )
14. NAME OF SYSTEM OWNER OR THEIR REPRESENTATIVE SUBMITTING APPLICATION		16. TITLE	17. PHONE

**PART C: OPERATOR INFORMATION - PLEASE PRINT:**

18. <input type="checkbox"/> MR. <input type="checkbox"/> MS.		19. FIRST NAME		20. MIDDLE INITIAL		21. LAST NAME	
22. HOME ADDRESS (STREET OR P.O. BOX NO.)				23. CITY		24. STATE	
						25. ZIP CODE	
26. SOCIAL SECURITY NUMBER		27. WORK TELEPHONE NUMBER (     )				28. HOME TELEPHONE NUMBER (     )	
29 DATE INDIVIDUAL HIRED		30. DATE INDIVIDUAL BEGAN OPERATING SYSTEM				31. DATE INDIVIDUAL BECAME AN OPERATOR IN RESPONSIBLE CHARGE	
32. DOES THIS PERSON POSSESS A CURRENT MISSOURI DRINKING WATER OR WASTEWATER CERTIFICATE OF COMPETENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO						33. CERTIFICATION NUMBER	
34. HIGH SCHOOL DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO					35. GED <input type="checkbox"/> YES <input type="checkbox"/> NO		
36. NAME OF HIGH SCHOOL				37. YEAR GRADUATED		38. LOCATION	
39. LIST RESPONSIBILITIES AND DUTIES THAT THE OPERATOR PERFORMS. (MORE SPACE IS AVAILABLE ON THE BACK OF THIS FORM).							
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**PART D: OPERATOR PLEASE READ AND SIGN:**

I hereby certify that this application contains no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at anytime disclose any such misrepresentation or falsification of material or fact, this application will be rejected and my Missouri certification revoked. I certify that I am at least eighteen years of age.

SIGNATURE OF OPERATOR	DATE
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**PART E: OWNER: PLEASE READ AND SIGN:**

I hereby certify that I am the water system owner or authorized owner’s agent and attest that the operator listed in part C of this application for grandparenting has been an operator in responsible charge making process control/system integrity decisions for at least one (1) year prior to the date of this application. I hereby certify that this application contains no willful misrepresentation or falsifications and that the information given by me is true to the best of my knowledge and belief. I am aware that should investigation at anytime disclose any such misrepresentation or falsifications or fact, the application will be rejected and the certificate revoked.

SIGNATURE OF OWNER	DATE
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**REMEMBER:**  
  
**Be sure you both sign and date the application!**  
  
Operator: be sure you include the fee.  
  
Make check or Money Order to:  
  
Department of Natural Resources

**SEND ORIGINAL, SIGNED APPLICATION TO:**  
  
Department of Natural Resources  
  
Receipts and Reporting  
  
P.O. Box 477  
  
Jefferson City, Missouri 65102

37A. RESPONSIBILITIES AND DUTIES THAT THE OPERATOR PERFORMS. (CONTINUED FROM FRONT OF FORM)

**DEPARTMENT OF NATURAL RESOURCES OFFICE USE ONLY (PLEASE DO NOT WRITE BELOW THIS LINE)**

AMOUNT RECEIVED	RECEIVED BY	DATE RECEIVED
CERTIFICATE LEVEL ISSUED	CERTIFICATION NUMBER	
DATE ISSUED	RENEWAL DATE	
ISSUED BY		

RECEIPTS AND REPORTING - GRANDPARENTED CERTIFICATE FEE	
1	Grandparented Certificate Fee
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AMOUNT RECEIVED	RECEIVED BY	CHECK NUMBER	DATE RECEIVED
<b>ACCOUNT:</b>			
	<b>DRINKING WATER: (0679-780-3450-1149-O2-UFDW)</b>		